

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1													
2							51						
3							52						
4							53						
5							54						
6		5					55						
7		①					56						
8		①					57						
9		①					58						
10		①					59						
11		①					60						
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17		①					66						
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45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
TOTAL							100						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS